

AFFIDAVIT OF OWNERSHIP

Complete the following for the business proprietor, partner(s) and all persons interested in the business. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

Complete Name and Address where you reside	All Phone Numbers H = Home W = Work F = Fax O = Other	Social Security Number	Date of Birth Mon. Day Year	Title or Nature of Interest in this Business	USA Citizen Yes / No	List dates & states where you resided in past 5 years	Percent of Ownership
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%
		- -	- -				%

WARNING: Failure to list all interested parties or making any false representations is unlawful and in violation of KRS 243.390 and will constitute grounds for denial or revocation of your license.

I, (Name) _____, (Title) _____ of (Business or Corporate Name) _____

Do hereby swear or affirm that all statements and information given are true and correct to the best of my knowledge, information, and belief.

(Print name of person signing this affidavit) _____ (Signature of Applicant) X _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

My commission expires _____ Signature of Notary X _____